

# MPUA APPRENTICE PROGRAM APPLICATION FORM



**MPUA**  
Missouri Public Utility Alliance  
*Serving Municipal Utilities. . .*

1808 I-70 Drive SW  
Columbia, MO 65203  
Phone: 573-445-3279  
Fax: 573-445-0680  
www.mpua.org

## Trainee:

If you are a Veteran or an eligible dependent, see the information at bottom of the page.

Name: First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ ( M \_\_\_\_ F \_\_\_\_ )

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security #: (optional) \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone # \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Employer:

Record #: \_\_\_\_\_  
(to be assigned)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

## Previous Employment: (Starting with present or last employer)

Company Name	City/State	From	To	Type of Work Performed
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## Education:

(Circle last year completed in each area)

Name of School

Elementary School	5 6 7 8	Grad Year: _____	_____
High School	1 2 3 4	Grad Year: _____	_____
Vocational School	1 2 3 4	Grad Year: _____	_____
College	1 2 3 4	Grad Year: _____	_____

## Supervisor/Contact Person:

Email: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

TRAINEE: \_\_\_\_\_

Signature of Trainee

Date

**Veteran information:** As a Veteran or an eligible dependent you may be entitled to receive VA Benefits. However special enrollment forms need to be completed to receive these benefits. Please contact the MPUA office and talk to Mike Conyers or Cathy Susa about enrollment in this program.